

B1 (Official Form 1) (04/13)

UNITED STATES BANKRUPTCY COURT				VOLUNTARY PETITION	
Name of Debtor (if individual, enter Last, First, Middle): Keehn, Susanne, Dawn			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Wynn-Keehn, Susanne; Wynn, Susanne			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 6867			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): 1712 Gladys Dr Machesney Park, IL <div style="text-align: right;">ZIP CODE 61115</div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: center;">FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS MAY 22 2015</div> <div style="text-align: right;">ZIP CODE</div>		
County of Residence or of the Principal Place of Business: Winnebago			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: center;">JEFFREY P. ALLSTEADT, CLERK DEPUTY CLERK - LD</div> <div style="text-align: right;">ZIP CODE</div>		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Keenn, Susanne	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: ▼	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: right;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input checked="" type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Keehn, Susanne	
Signatures			
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Susanne D. Keehn</u> Signature of Debtor</p> <p>X Signature of Joint Debtor <u>779-772-2262</u></p> <p>Telephone Number (if not represented by attorney) <u>43/15</u></p> <p>Date</p>		<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>	
<p style="text-align: center;">Signature of Attorney*</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>		<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Signature</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>	
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>			

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

In re Susanne Keehn
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Susanne D. Keith

Date: 4/3/15

B 7 (Official Form 7) (04/10)

UNITED STATES BANKRUPTCY COURT

In re: Susanne Keehn
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$9,299.83 (YTD 4/9)
\$22,568.95 (1/1/14 - 12/31/14)
\$1704.94 (1/1/14 - 4/1/14)
\$23,784.41 (1/1/13 - 12/31/13)
\$9,634.46 (1/1/13 - 12/31/13)

SOURCE

State Collection Service Inc.
State Collection Service Inc.
Protocol Financial
State Collection Service
Protocol Financial Service

Feb Dec
2014 - 2014 73.05
IT works (YTD 2015) 103.65
IT works

2. Income other than from employment or operation of business

☒ None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$1200.00

(4-1-14-

6-15-14)

Liberty Mutual short term disability Policy

3. Payments to creditors

Complete a. or b., as appropriate, and c.

☒ None

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT
STILL OWING

☒ None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT
STILL
OWING

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Cleora Manor Apartments LLC - vs - Susanne Keehn 2015 SC 000321	Small Claims Suit to collect debt	Rock County WI 518 Main St. Janesville WI 53545	Closed Garnishment of 20% gross earnings

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
001 Debtors, Inc.,	4/2/15	\$9.95 for pre-filing Credit counseling course

10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None
☐

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1840 Yates Ave. Beloit WI	Susanne Keehn	
1711 Marion Ct. Beloit WI	Susanne Keehn	
2601 Cleora Dr. #1 Beloit, WI 53511	Susanne D. Keehn	

16. Spouses and Former Spouses

None
☐

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight** years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Robin Dale Wynn Beloit, WI

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None
☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None
☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None
☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None
☒

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other
basis)

None
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
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* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	<u>4/3/15</u>	Signature of Debtor	<u>Susanne D. Keck</u>
Date	_____	Signature of Joint Debtor (if any)	_____

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date	_____	Signature	_____
		Print Name and Title	_____

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

B 6F (Official Form 6F) (12/07)

In re Susanne Dawn Keehn
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal▶							\$
Total▶							\$

____ continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO: 41247575							
Arnold Scott Harris, PC for Winnebago County 111 W Jackson Blvd ste 600 Chicago IL 60604			Traffic Ticket from 10/2010 which is paid			X	\$120.00
ACCOUNT NO:***S000							
BELOIT RADIOLOGY LTD 1969 W Hart Rd Beloit, WI 53511			Medical bill amount after Insurance from 12/2014				\$10.63
ACCOUNT NO:***S000							
AMERICOLLECT INC 1851 S Alverno Rd Mantiowoc, WI 54220			See Beloit Radiology LTD claim listed in previous line				\$10.63
ACCOUNT NO: ***S000							
BELOIT RADIOLOGY LTD 1969 W Hart Rd Beloit, WI 53511			Medical bill after insurance paid from xray				\$99.00
ACCOUNT NO: ***S000							
BELOIT RADIOLOGY LTD 1969 W Hart Rd Beloit, WI 53511			Medical bill after insurance paid from bone scan				\$319.00
ACCOUNT NO: 2439405							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance 5/6/2013				\$2.00
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2731507							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 8/16/2013				\$2.00
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO: 2032877							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 1/2/2010				\$20.23
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2581768							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 1/13/2014				\$30.00
ACCOUNT NO:							
NORTHPOINTE PHYSICIAN SERVICES 5605 East Rockton Road Roscoe, IL 61073-7601			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2621358							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 4/14/2014				\$30.89
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2573079							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 2/5/2014				\$31.01
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2732489							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 2/5/2014				\$147.02

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2563023							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 1/30/2014				\$31.04
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2731442							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance from 6/10/2014				\$35.00
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2654332							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 6/12/14				\$62.30
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2021697							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 1/11/2010				\$64.43
ACCOUNT NO:							
SOUTHERN WI EMERGENCY ASSOCIATES 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 662978							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 2/11/97				\$65.51
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 769867							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 8/13/1998				\$35.32
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 751211							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 10/31/1997				\$93.56
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2654332							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 6/12/2014				\$62.30
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2598498							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 2/28/2014				\$118.59
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2731011							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 3/13/14				\$141.53
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2032878							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 1/11/2010				\$131.51
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2731196							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 5/12/2014				\$141.53
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2723489							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 1/13/2014				\$147.02
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2005951							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 2/12/2010				\$155.49
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2700391							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 9/16/2014				\$184.90
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 668819							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 3/19/97				\$192.37
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 698073							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 8/6/1997				\$197.94
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2573053							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 12/19/2013				\$250.15
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2598221							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 3/18/2014				\$266.72
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2640311							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 4/27/2014				\$343.49
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 913730							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 9/6/2000				\$346.48
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2644456							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 4/27/2014				\$350.94
ACCOUNT NO:							
SOUTHERN WI EMERGENCY ASSOCIATES 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 687142							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 5/1/1997				\$483.98
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 658813							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 12/29/1996				\$514.25
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2622793							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 3/28/2014				\$517.17
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 708204							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 8/6/1997				\$539.71
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2681395							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill for lab from surgery insurance denied dated 2/7/2014				\$737.50
ACCOUNT NO:							
HART ROAD PATHOLOGY SC 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2633817							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill insurance denied dated 3/31/2014				\$1,129.17
ACCOUNT NO:							
STATELINE ANESTHESIOLOGISTS SC 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 662693							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated				\$1,432.21
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2573029							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 1/15/2014				\$1,754.00
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2622903							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill for surgery insurance denied dated 2/7/2014				\$11,823.48
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 665567							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 3/8/1997				\$24,842.32
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			Medical bill after insurance dated 3/8/1997				
ACCOUNT NO: 2622792							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill after insurance dated 4/2/2014				\$29,548.40
ACCOUNT NO:							
BELOIT HEALTH SYSTEM 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 2633816							
ASSOCIATED COLLECTORS INC PO Box 1039 Janesville, WI 53550			Medical bill from surgery insurance denied dated 2/7/2014				\$564.59
ACCOUNT NO:							
STATELINE ANESTHEOLOGISTS SC 1969 W Hart Rd, Beloit, WI 53511			See ASSOCIATED COLLECTORS INC claim listed in previous line				"
ACCOUNT NO: 386798-013							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
WP&L COMPANY, DBA ALLIANT ENERGY 935 W B R Townline Rd, Beloit, WI 53511			Utility Account from 8/22/2012				\$524.78
ACCOUNT NO: 20925942							
STATE COLLECTION SERVICE INC Po Box 6250 Madison, WI 53716			See ALLIANT ENERGY claim listed in previous line				"
ACCOUNT NO: 275932							
UNIVERSITY OF WI HOSPITAL & CLINICS 451 Junction Road Madison, WI 53717			Medical bill from childs follow up care on 1/27/2010				\$3.57
ACCOUNT NO: 13247080							
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See UW hospitals and Clinics claim listed in previous line				"
ACCOUNT NO: 175125							
UNIVERSITY OF WI HOSPITAL & CLINICS 451 Junction Road Madison, WI 53717			Medical bill from childs hospitalization on 12/16/2009				\$56.06
ACCOUNT NO: 13248185							
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See UW hospitals and Clinics claim listed in previous line				"
ACCOUNT NO: 39295							
BELOIT COMMUNITY HEALTH SYSTEM 74 Eclipse Blvd, Beloit, WI 53511			Medical bill for son from 8/24/2009				\$58.21
ACCOUNT NO: 17931736							
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See Community Health systems claim listed in previous line				"
ACCOUNT NO: 49728							
BELOIT COMMUNITY HEALTH SYSTEM 74 Eclipse Blvd, Beloit, WI 53511			Medical bill for daughter from 2/23/11				\$147.00
ACCOUNT NO: 17931735							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON TING ENT	UNL	DISP UTE D	AMOUNT OF CLAIM
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See Community Health systems claim listed in previous line				"
ACCOUNT NO: 298807001							
ROCK ENERGY COOPERATIVE 15229 Willowbrook Road, South Beloit, IL 61080			Utility services from services ending 3/13/2008				\$233.75
ACCOUNT NO: 13971635							
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See ROCK ENERGY COOPERATIVE claim listed in previous line				"
ACCOUNT NO: 31644							
STEAR, CINDY A., PSY D 5334 Williams Dr, Roscoe, IL 61073			Mandated mental health services for daughter				\$428.22
ACCOUNT NO: 11442783							
STATE COLLECTION SERVICE Po Box 6250 Madison, WI 53716			See STEAR, CINDY A., PSY D claim listed in previous line				"
ACCOUNT NO: 218727							
Cleora Manor Apartments LLC 3156 Muir Field Rd Madison WI 53719			Claim for months of rent after moving out of apartment in 12/09			X	\$3,710.50
ACCOUNT NO:							
BLACK RIVER MEMORIAL HOSPITAL 711 W Adams St Black River Falls, WI 54615			Medical claim after insurance from 6/1/2011			X	\$425.00
ACCOUNT NO: 1145706							
CREDIT BUREAU DATA INC 115 6TH ST NLA CROSSE, WI 54601			See BLACK RIVER MEMORIAL claim listed in previous line			X	"
ACCOUNT NO:							
CHARTER COMMUNICATIONS 2016 Cranston Road Beloit, WI 53511			Cable services from 2009				\$362.78
ACCOUNT NO:							

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODE BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
SECURITY FINANCE 28 State Street, Beloit, WI 53511			Payday loan				\$300.00
ACCOUNT NO:							
COMMED P.O. Box 805379 Chicago, IL 60680-5379			Utility account from 8/12/2009			X	\$4,739.82
ACCOUNT NO: 2489682020							
CONTRACT CALLERS INC 501 Greene St 3rd Floor Suite 302 Augusta, GA 30901			See COMMED claim listed in previous line			X	\$4,739.82
ACCOUNT NO:							
Consumer Portfolio Services 16355 Laguna Canyon Road, Irvine, CA 92618			Van that was Repossessed				\$6,750.00
ACCOUNT NO: 245116320000153							
CREDIT MANAGEMENT LP 4200 International parkway Carrollton, TX 75007			From 10/2/2010				\$362.78
ACCOUNT NO: 91940689991E00****							
DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA 18773			student loan from 2008				\$3,500.00
ACCOUNT NO: 91940689991E00****							
Sallie Mae PO Box 9500 Wilkes Barre, PA 18773			See DEPARTMENT OF ED claim listed in previous line				"
ACCOUNT NO: 91940689991E0022008***							
DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA 18773			student loan from 2008				\$6,000.00
ACCOUNT NO: 91940689991E0022008***							
Sallie Mae PO Box 9500 Wilkes Barre, PA 18773			See DEPARTMENT OF ED claim listed in previous line				"

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	BTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO: 1953****							
TRANSWORLD SYSTEMS 600 Holiday Dr Suite 300, Matteson, IL 60443			From 8/5/2013				\$359.00
ACCOUNT NO: KEEHN, SUSANNE							
TRACK AUTO SALES 1665 Park Ave Beloit WI 53511			Auto loan that disputing the amt owed and also is in need of junking it out			X	\$4,100.00
ACCOUNT NO:							
SWEDISH AMERICAN MSO INC 2550 Charles St Ste 1 Rockford, Illinois 61108			Medical bill after insurance from 3/10/2010				\$624.00
ACCOUNT NO:							
MUTUAL MANAGEMENT 401 E State St Rockford, IL 61104-1027			See SWEDISH AMERICAN MSO INC claim listed in previous line				"
ACCOUNT NO: Keehn, Susanne							
Ashford University 400 North Bluff Blvd Clinton, IA 52732			For classes that were dropped before any were attended			X	

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bk/forms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT

In re Keehn, Susanne, Dawn
Debtor

Case No. _____

Chapter _____

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer
Address: _____

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____

X _____

Signature of Bankruptcy Petition Preparer or officer,
principal, responsible person, or partner whose Social
Security number is provided above.

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Susanne D. Keehn
Printed Name(s) of Debtor(s)

X Susanne D. Keehn 4/3/15
Signature of Debtor Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.